

**Provider Inspection Summary**

For the period 05/01/2003 to 04/30/2006  
Residential Care Apartment Complex  
CERTIFIED

**Facility Information**

**Facility Name:** MEADOWMERE WEST ALLIS (0010339)

**Address:** 2330 S 54TH ST, WEST ALLIS, WI 53219

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2003

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0096688      **End Date:** 02/23/2006      **Type:** OTHER      **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0091863      **End Date:** 12/02/2003      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**  
For the period 05/01/2003 to 04/30/2006  
Residential Care Apartment Complex  
CERTIFIED

| Complaint History |  |  |
|-------------------|--|--|
|-------------------|--|--|

**Date Complaint Received: 01/10/2006**

**Date Investigation Completed: 02/23/2006**

Subject Area(s)  
RESIDENT RIGHTS

| <u>Result</u>     | <u>SOD #</u> |
|-------------------|--------------|
| NOT SUBSTANTIATED |              |

**Date Complaint Received: 12/17/2003**

**Date Investigation Completed: 04/07/2004**

Subject Area(s)  
ADMINISTRATION

| <u>Result</u>     | <u>SOD #</u> |
|-------------------|--------------|
| NOT SUBSTANTIATED |              |

**Date Complaint Received: 07/20/2003**

**Date Investigation Completed: 12/02/2003**

Subject Area(s)  
ADMINISTRATION

| <u>Result</u>     | <u>SOD #</u> |
|-------------------|--------------|
| NOT SUBSTANTIATED |              |

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